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CONFIRMATION NO. 2424

<b>SERIAL NUMBER</b> 09/651,181	<b>FILING OR 371(c) DATE</b> 08/30/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> A-68392- 2/DJB/RMS/DCF
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/151,483 08/30/1999  
 and claims benefit of 60/151,668 08/31/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

**ADDRESS**

20995

**TITLE**

ARRAY COMPOSITIONS FOR IMPROVED SIGNAL DETECTION

<b>FILING FEE RECEIVED</b> 1172	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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